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01/04/2006 CMOLLISH 00000001 502620 10709332

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DEC-27-2005 TUE 16:12

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Patent

DEC 27 2005

Customer No.: 31561
Docket No.: 12889-US-PA
Application No.: 10/709,332

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of

Applicant : Fran et al.
Application No. : 10/709,332
Filed : 2004/4/29
For : COLD CATHODE FLUORESCENT FLAT LAMP
Art Unit : 2879
Examiner : HINES, ANNE M.

TRANSMITTAL LETTER

002-1-571-273-8300
(Via fax : 1+21 pages)

Assistant Commissioner for Patents
Alexandria, VA 22314

Dear Sir,

In response to the Office Action dated September 27, 2005(Paper No.: 20050920), please find the Response to Office Action, in 21 pages.

I believe that no fee is incurred. However, the Commissioner is authorized to charge any fees required in connection with the filing of this paper to account No. 50-2620 (Order No.: 12889-US-PA).

Thank you for your assistance in the subject matter. If you have any questions, please feel free to contact me.

Respectfully Submitted,
JIANQ CHYUN Intellectual Property Office

Date : Dec. 27, 2005

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PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

10/709332

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20=	*
INDEPENDENT CLAIMS	minus 3 =	*
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	12/27/05	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*	26	Minus 24 = 2
Independent	*	4	Minus 3 = 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

(1, 15, 25, 26)

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus
Independent	*		Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR
Total	*		Minus
Independent	*		Minus
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE		RATE	FEE
BASIC FEE	150.00	OR	BASIC FEE	300.00
X\$25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL		OR	TOTAL	

SMALL ENTITY OR

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=	50.	OR	X\$50=	
X100=	100.	OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE	150.	OR	TOTAL ADDIT. FEE	

PAID

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X\$25=		OR	X\$50=	
X100=		OR	X200=	
+180=		OR	+360=	